



Office of Secretary of the State

State of Connecticut

30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470

Susan Bysiewicz
Secretary of the State

Maria M Greenslade
Deputy Secretary of the State

February 24, 2005

Description of Help America Vote Act Spending Programs

The expenditures listed below are the expenditures authorized by the State of Connecticut, State Plan. More specifically, these expenditures are authorized pursuant to section "J" Effect of Title I Payments, page 18 of the State of Connecticut, State Plan.

I) State Plan – Election Administration Redesign and Reform Management. \$500,000

The Office of the Secretary of the State established a position entitled Help America Vote Act Coordinator. This office is charged with ensuring that all requirements of the Help America Vote Act are met in the State of Connecticut. This includes, but is not limited to supervision of printed materials and ballots, implementation maintenance of the Centralized Voter Registration System, and participation in the review and purchase of compliant voting systems.

In addition, this office was established to communicate with our 169 municipalities regarding Help America Vote Act implementation at the local level and to ensure that all funding and resources given to municipalities are used in a manner that is compliant with the provisions of the Help America Vote Act.

II) Voter Education and Poll Worker Training: \$ 465,000

The Office of the Secretary of the State conducted various voter education efforts and poll worker training sessions prior to the 2004 Presidential Election to ensure that the general public and local election officials fully understood and could comply with the provisions of the Help America Vote Act.

The voter education efforts focused on the new identification procedures for both voting in-person and by absentee ballot. In addition, our office conducted education sessions regarding provisional ballots and the availability of such ballots and of their proper use.

Finally, our office met with the local election officials on several occasions regarding the procedures to be used for provisional ballots and to discuss the new procedures regarding identification at the polls and with absentee ballots.

III) Provisional Ballots. \$130,000

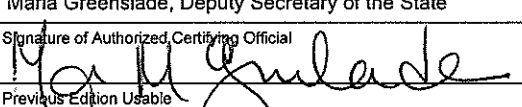
The Office of the Secretary of the State was required to implement a new provisional ballot system because this procedure was new to the State of Connecticut. This required the purchase and printing of forms, envelopes, training manuals and other related materials to ensure that the provisional ballots was effectively and properly implemented in the State of Connecticut.

| General Information | | (860) 509-6000 | |
|--|-----------------------------------|-------------------------------|-----------------------------------|
| Commercial Recording Division | (860) 509-6001 fax (860) 509-6069 | State Capitol Office | (860) 509-6200 fax (860) 509-6209 |
| Legislation and Election Administration Division | (860) 509-6100 fax (860) 509-6127 | Deputy Secretary of the State | (860) 509-6212 fax (860) 509-6131 |
| State Board of Accountancy | (860) 509-6179 fax (860) 509-6247 | Management & Support Services | (860) 509-6190 fax (860) 509-6175 |

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

| | | | | | |
|---|--|--|---------|--|-------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency Help America Vote Act - Section 101 Money Only | | OMB Approval No. 0348-0039 | Page of 1 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) Secretary of the State of Connecticut 30 Trinity Street, Hartford, CT 06106 | | | | | |
| 4. Employer Identification Number [REDACTED] | | 5. Recipient Account Number or Identifying Number [REDACTED] | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual | | | | | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 5/1/2003 | | To: (Month, Day, Year) 2/28/2005 (02/28) | | 9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004 | |
| To: (Month, Day, Year) 12/31/2004 | | | | | |
| 10. Transactions: | | I Previously Reported | | I This Period | |
| | | | | III Cumulative | |
| a. Total outlays | | 189,341.00 | | 1,147,732.00 | |
| b. Refunds, rebates, etc. | | | | 0.00 | |
| c. Program income used in accordance with the deduction alternative | | | | 0.00 | |
| d. Net outlays (Line a, less the sum of lines b and c) | | 189,341.00 | | 1,147,732.00 | |
| 1,337,073.00 | | | | | |
| Recipient's share of net outlays, consisting of: | | | | | |
| e. Third party (in-kind) contributions | | | | 0.00 | |
| f. Other Federal awards authorized to be used to match this award | | | | 0.00 | |
| g. Program income used in accordance with the matching or cost sharing alternative | | | | 0.00 | |
| h. All other recipient outlays not shown on lines e, f, g and g | | 88,858.00 | | 52,731.97 | |
| i. Total recipient share of net outlays (Sum of lines e, f, g and h) | | 88,858.00 | | 52,731.97 | |
| 141,589.97 | | | | | |
| j. Federal share of net outlays (line d less line i) | | 100,483.00 | | 1,095,000.03 | |
| k. Total unliquidated obligations | | | | 1,195,483.03 | |
| l. Recipient's share of unliquidated obligations | | | | | |
| m. Federal share of unliquidated obligations | | | | | |
| n. Total Federal share (sum of lines j and m) | | | | 1,195,483.03 | |
| o. Total Federal funds authorized for this funding period | | | | 4,899,517.00 | |
| p. Unobligated balance of Federal funds (Line o minus line n) | | | | 3,704,033.97 | |
| Program Income, consisting of: | | | | | |
| q. Disbursed program income shown on lines c and/or g above | | | | | |
| r. Disbursed program income using the addition alternative | | | | | |
| s. Undisbursed program income | | | | 10,288.99 | |
| t. Total program income realized (Sum of lines q, r and s) | | | | 10,288.99 | |
| 11. Indirect Expense | | a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed | | | |
| | | b. Rate | c. Base | d. Total Amount | e. Federal Share |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Report includes money spent by the State of Connecticut for Help America Vote Act implementation which is considered by the State as part of the required 5% matching funds. Report also includes any interest earned on the account. | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | |
| Typed or Printed Name and Title Maria Greenslade, Deputy Secretary of the State | | | | Telephone (Area code, number and extension) (860) 509-6212 | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted February 25, 2005 | |

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